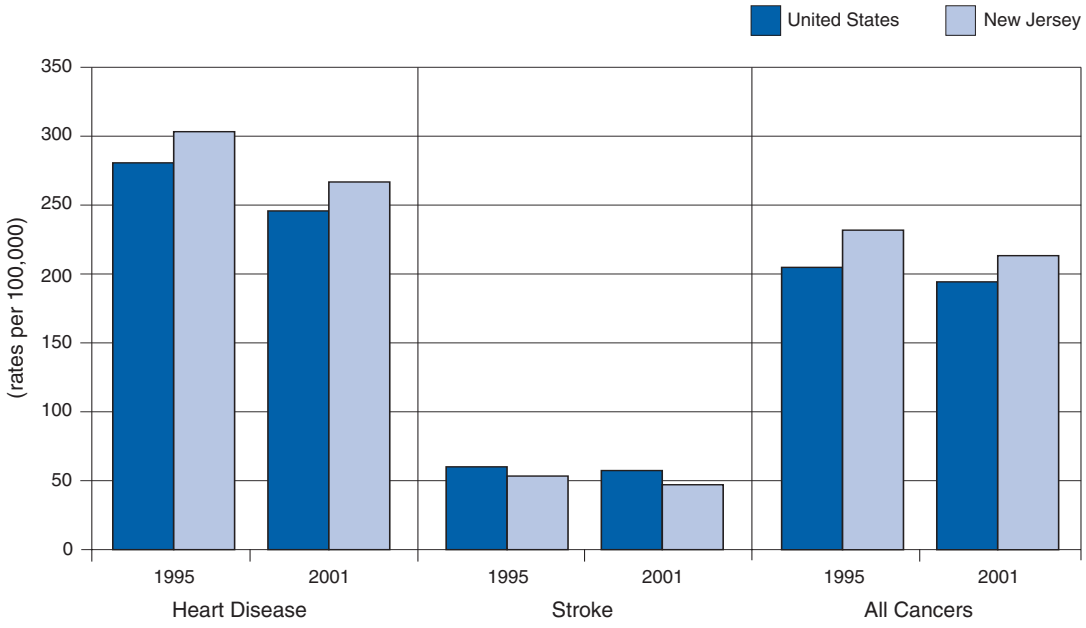
New Jersey

Chronic Diseases: The Leading Causes of Death

The Leading Causes of Death

United States and New Jersey, 1995 and 2001



Source: National Center for Health Statistics, 2003

The Burden of Chronic Disease

Chronic diseases—such as heart disease, stroke, cancer, and diabetes—are among the most prevalent, costly, and preventable of all health problems. Seven of every ten Americans who die each year, or more than 1.7 million people, die of a chronic disease.

Reducing the Burden of Chronic Disease

Chronic diseases are not prevented by vaccines, nor do they just disappear. To a large degree, the major chronic disease killers are an extension of what people do, or not do, as they go about the business of daily living. Health-damaging behaviors—in particular, tobacco use, lack of physical activity, and poor nutrition—are major contributors to heart disease and cancer, our nation's leading killers. However, tests are currently available that can detect breast cancer, colon cancer, heart disease, and other chronic diseases early, when they can be most effectively treated.

The Leading Causes of Death and Their Risk Factors

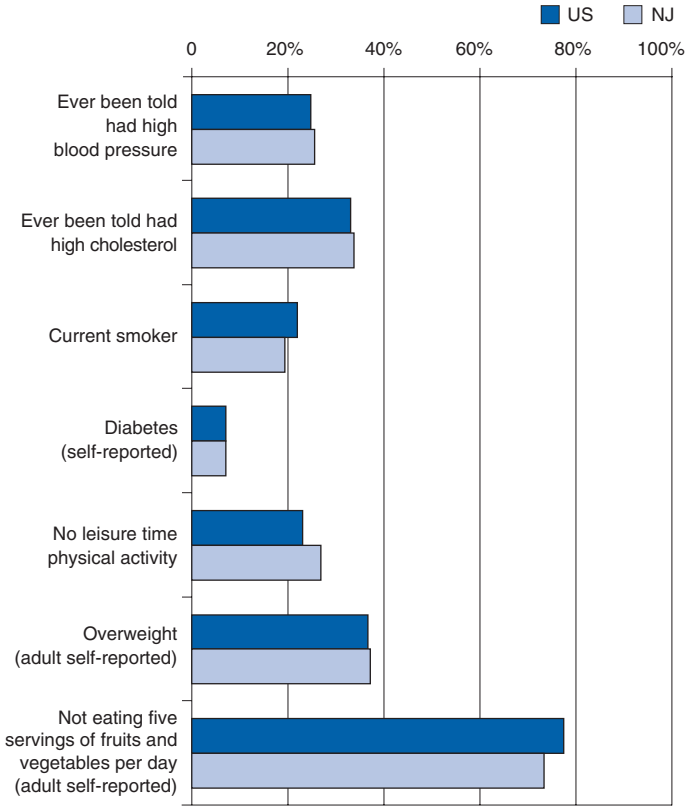
Heart Disease and Stroke

Heart disease and stroke are the first and third leading causes of death for both men and women in the United States. Heart disease is the leading cause of death in New Jersey, accounting for 22,704 deaths or approximately 30% of the state's deaths in 2001 (the most recent year for which data are available). Stroke is the third leading cause of death, accounting for 4,007 deaths or approximately 5% of the state's deaths in 2001.

Prevention Opportunities

Two major independent risk factors for heart disease and stroke are high blood pressure and high blood cholesterol. Other important risk factors include diabetes, tobacco use, physical inactivity, poor nutrition, and being overweight or obese. A key strategy for addressing these risk factors is to educate the public and health care practitioners about the importance of prevention. All people should also partner with their health care providers to have their risk factor status assessed, monitored, and managed in accordance with national guidelines. People should also be educated about the signs and symptoms of heart attack and stroke and the importance of calling 911 quickly. Forty-seven percent of heart attack victims and about the same percentage of stroke victims die before emergency medical personnel arrive.

Risk Factors for Heart Disease and Stroke, 2003



Source: BRFSS, 2004

Cancer

Cancer is the second leading cause of death and is responsible for one of every four deaths in the United States. In 2004, over 560,000 Americans—or more than 1,500 people a day—will die of cancer. Of these annual cancer deaths, 18,060 are expected in New Jersey. About 1.4 million new cases of cancer will be diagnosed nationally in 2004 alone. This figure includes 43,800 new cases that are likely to be diagnosed in New Jersey.

Estimated Cancer Deaths, 2004

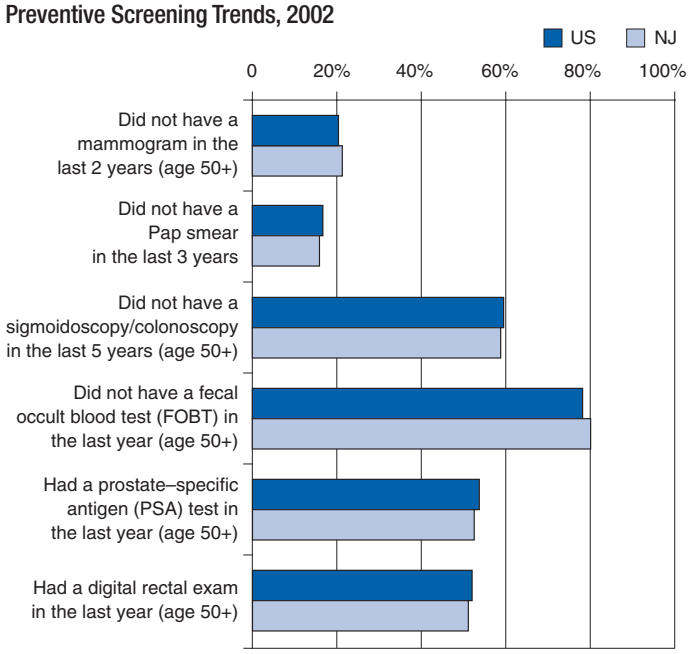
Cause of death	US	NJ
All Cancers	563,700	18,060
Breast (female)	40,110	1,480
Colorectal	56,730	1,840
Lung and Bronchus	160,440	4,720
Prostate	29,900	1,030

Source: American Cancer Society, 2004

Prevention Opportunities

The number of new cancer cases can be reduced and many cancer deaths can be prevented. Adopting healthier lifestyles—for example, avoiding tobacco use, increasing physical activity, achieving a healthy weight, improving nutrition, and avoiding sun overexposure—can significantly reduce a person's risk for cancer. Making cancer screening, information, and referral services available and accessible is essential for reducing the high rates of cancer and cancer deaths. Screening tests for breast, cervical, and colorectal cancers reduce the number of deaths by detecting them early.

Preventive Screening Trends, 2002



Source: BRFSS, 2003

New Jersey's Chronic Disease Program Accomplishments

Examples of New Jersey's Prevention Successes

- Statistically significant decreases in cancer deaths among men across all races, with the greatest decrease occurring among Hispanic men (222.9 per 100,000 in 1990 versus 161.3 per 100,000 in 2000).
- A 21.6% decrease in the number of women older than age 50 who reported not having had a mammogram in the last 2 years (from 42.9% in 1992 to 21.3% in 2002).
- A lower prevalence rate than the corresponding national rate for self-reported obesity (20.1% in New Jersey versus 22.8% nationally).

CDC's Chronic Disease Prevention and Health Promotion Programs

In collaboration with public and private health organizations, CDC has established a national framework to help states obtain the information, resources, surveillance data, and funding needed to implement effective chronic disease prevention programs and ensure that all Americans have access to quality health care. CDC funding and support enable state health departments to respond efficiently to changing health priorities and effectively use limited resources to meet a wide range of health needs among specific populations. The table below is a breakdown of the CDC's funding awards to New Jersey in the areas of cancer, heart disease, stroke, and related risk factors.

CDC Cancer, Heart Disease, Stroke, and Related Risk Factor Funding for New Jersey, FY 2003

SURVEILLANCE	
Behavioral Risk Factor Surveillance System (BRFSS) *New Jersey BRFSS*	$191,919
National Program of Cancer Registries *New Jersey State Cancer Registry*	$1,044,697
CHRONIC DISEASE PREVENTION AND CONTROL	
Cardiovascular Health Program	$0
Diabetes Control Program *New Jersey Diabetes Prevention and Control Program*	$311,548
National Breast and Cervical Cancer Early Detection Program *New Jersey Breast and Cervical Cancer Control Initiative*	$2,962,215
National Comprehensive Cancer Control Program *Office of Cancer Control and Prevention*	
WISEWOMAN	$0
MODIFYING RISK FACTORS	
National Tobacco Prevention and Control Program *New Jersey Tobacco Prevention and Control Program*	$1,328,173
State Nutrition and Physical Activity/Obesity Prevention Program	$0
Racial and Ethnic Approaches to Community Health (REACH 2010)	$0
Total	**$5,838,552**

The shaded area(s) represents program areas that are not currently funded. The above figures may contain funds that have been carried over from a previous fiscal year.

Additional Funding

CDC's National Center for Chronic Disease Prevention and Health Promotion funds additional programs in New Jeresy that fall into other health areas. A listing of these programs can be found at http://www.cdc.gov/nccdphp/states/index.htm.

Opportunities for Success

Chronic Disease Highlight: Diabetes

Diabetes is a disease with a prevalence that is closely related to age and racial/ethnic background. In New Jersey, the trend toward an aging and a more diverse population places a greater percentage of the state's residents at risk for diabetes. Using data from the National Health Interview Survey and CDC's Behavioral Risk Factor Surveillance System (BRFSS), the estimated number of diabetes cases in New Jersey in 1994 was between 378,244 and 393,240. CDC data from 2002 continued to show an increase in the prevalence of diabetes. These data indicate that New Jersey had the 11th highest prevalence rate of diabetes, with 426,000 cases of diabetes reported. The highest diabetes prevalence in the state was among individuals aged 45 to 64, who represented 41% of all diabetes cases.

Data from the 2003 BRFSS indicate that just over 7% of the population in New Jersey reported that they had been diagnosed with diabetes, an increase from 4.2% in 1995. According to CDC mortality data, in 2001, New Jersey had the 12th highest age and race-adjusted diabetes death rate in the nation, 28.5 per 100,000.

There are preventive measures people with diabetes can take to prevent complications from the disease, such as obtaining regular eye and foot exams. According to BRFSS data, of the people in New Jersey who reported having diabetes between 1994 and 1996, only 68.6% reported seeing a health care professional 2 or more times during the past year. Of this same group, 85% checked their blood glucose levels and 85% reported having a foot exam at least once in the last year. In addition, over 60% reported having an eye exam in the last year.

Diabetes is also more prevalent among racial and ethnic minorities. According to CDC data from 2001, New Jersey's African American population had a higher age-adjusted diabetes death rate than whites (59.1 per 100,000 versus 25.4 per 100,000). In 2003, African Americans were almost twice as likely as whites to report that they had been diagnosed with diabetes (12.3% versus 6.6%). In addition, in 2002, Hispanics and African Americans with diabetes were more likely than whites to report that they were currently taking insulin to treat their diabetes (34.6% of Hispanics and 31.8% of African Americans, compared with 17.9% of whites).

Text adapted from *The Burden of Diabetes in New Jersey: A Surveillance Report* (1999).

Disparities in Health

According to 2000 U.S. Census data, New Jersey is a relatively diverse state, with African Americans representing 13.6% of the population, Hispanics representing 13.3% of the population, and Asian/Pacific Islanders representing 5.7% of the population.

Risk factors for a variety of chronic diseases include high blood pressure, poor nutrition, physical inactivity, overweight and obesity, and smoking. In almost all of these areas, data from the Behavioral Risk Factor Surveillance System indicate that in New Jersey, African Americans and Hispanics have higher rates of chronic disease risk factors than whites. For example, 67.1% of Hispanics and 58.8% of African Americans in New Jersey report not meeting the recommended guidelines for moderate physical activity, compared with 51.0% of whites. African Americans (26.4%) and Hispanics (22.7%) are less likely to report consuming 5 or more servings of fruits and vegetables per day, compared with whites (27.2%). Because of these two risk factors, African Americans and Hispanics are more likely to be overweight or obese than whites (68.3% of African Americans and 61.1% of Hispanics are overweight or obese, compared with 56.5% of whites).

From 1996 to 2000, African Americans in New Jersey had a higher heart disease death rate (measured per 100,000) than any other group (587 for African Americans, compared with 549 for whites, 257 for Hispanics, and 194 for Asian/Pacific Islanders). Stroke death rates (measured per 100,000) during the same period were also higher for African Americans than for other groups (141 for African Americans, compared with 97 for whites, 59 for Asian/Pacific Islanders, and 54 for Hispanics).

Other Disparities

- **Breast Cancer:** African American women are more likely to report having had a mammogram in the last 2 years than whites (95.2% versus 85.3%), but they have higher breast cancer death rates (38.0 per 100,000 for African American women versus 30.8 per 100,000 for white women).
- **Prostate Cancer:** African American men have a death rate from prostate cancer that is more than twice as the rate for white men (71.0 per 100,000 versus 26.8 per 100,000).
- **Lung Cancer:** African American men have a higher lung cancer death rate than white men (97.4 per 100,000 versus 70.0 per 100,000).

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